

Preventing suicide in males: A suicide investigation in nine public health centers in Mie prefecture, Japan

The number of suicides in Japan increased sharply to over 30,000 in 1998, and has remained at this level since, according to the Vital Statistics of the Ministry of Health, Labour and Welfare. The number of suicides in Mie Prefecture, located in the center of Japan, has similarly increased since 1998.¹ We reported that economic reasons were one of the main factors in the increase in suicides, that unemployment seemed to be particularly relevant for the increase in males in recent years in Mie Prefecture.^{2,3} Ono⁴ reported that area intervention research on the high suicide rates had been ongoing for over five years since 1985 and clear effect was seen. The representative cases were Matsunoyama town, Niigata Prefecture and Nagawamachi, Aomori Prefecture, Japan.^{4–6} These cases highlight the importance of preventive plans in districts where the suicide rate is high, especially in prefectures where the rate is high despite suicide prevention measures by the entire prefecture. Therefore, if researchers investigate the current state of the suicide separately for some areas in the prefecture and appropriate suicide prevention measures to the area are executed, it may

lead to the decrease at suicide rates. In Japan, preventative measures for males in particular need to be implemented, due to the increase in suicides among males in recent years. Mie Prefecture is divided into nine areas, each with a public health center (the centers are: Kuwana, Yokkaichi, Suzuka, Tsu, Matsusaka, Ise, Ueno, Owase and Kumano). We have made particular efforts to prevent suicide among males in areas where the suicide rate is high. Therefore, we examined the age-adjusted suicide rates in each of nine public health centers in Mie prefecture over an eight year period, beginning in 1998, in cooperation with the Mie Prefecture Government, and have discussed the possibility of suicide prevention measures in the areas with high suicide rates.

Suicide rates among the total population and the males in each of the nine public health centers are shown in Figs. 1a and 1b. The rates in Owase tended to be the highest. Among males, Owase's suicide rates were always high over 35 per 100,000 population during the research periods and the rates of Ueno were also high over 30 per 100,000 population during the latest three years

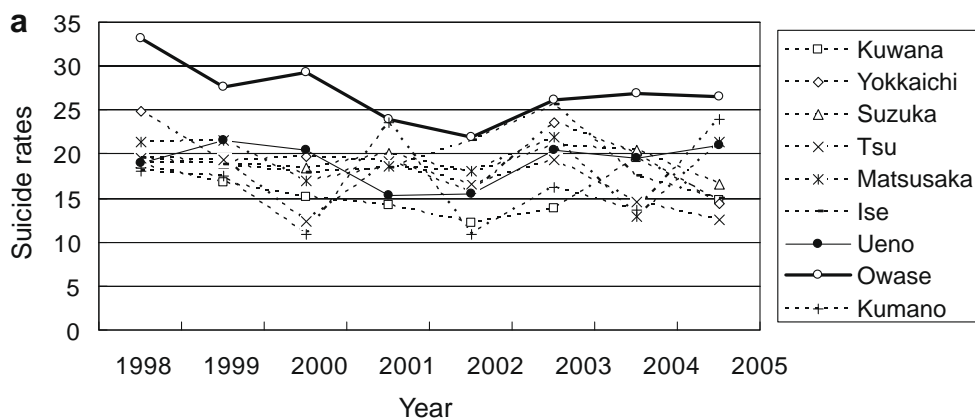


Fig. 1a. Age-adjusted suicide rates in each of 9 public health centers in Mie prefecture, Japan in the whole population, from 1998 to 2005.

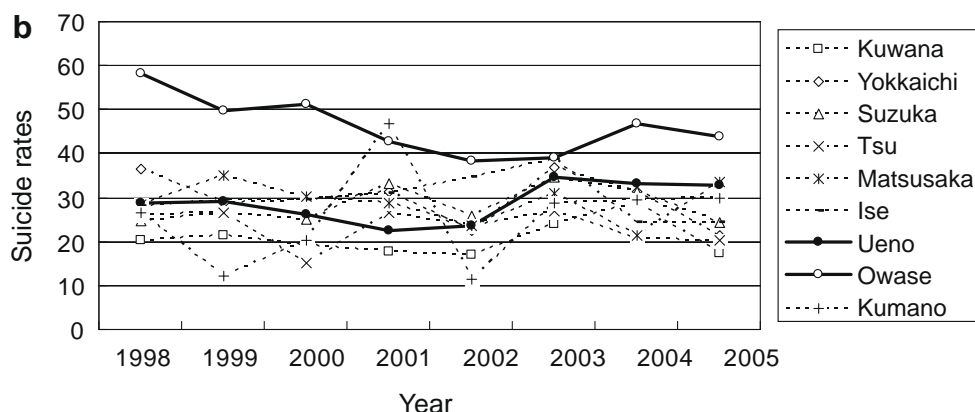


Fig. 1b. Age-adjusted suicide rates in each of 9 public health centers in Mie prefecture, Japan among males, from 1998 to 2005.

2003–2005. The rate in Kumano was the highest in 2001, but afterwards, the suicide rates were lower than the rates of Owase and Ueno (Fig. 1b). There were no distinct differences between districts (data not shown) in the suicide rates among the female population. We feel it is critical to immediately implement concrete prevention measures for suicides due to economic reasons among males in Mie Prefecture, in cooperation with the health center administration, medical staff, police, Department of Work, related groups and citizens.

Acknowledgments

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“Suicidal poisoning in Southern India: Gender differences” – Authors’ response

Dear Editor,

We are pleased to discover the attention our research¹ has generated in a recently published response [J Forensic Legal Med 2009;16:45]. However, the authors’ belief that their response to our article is a representation of the medical fraternity is truly surprising.

We wish to highlight that our research primarily deals with the gender differences in suicidal poisoning and not farmer suicides specifically. Unfortunately the authors have largely misinterpreted our arguments that were meant to explore some possibilities responsible for fatal suicidal poisoning in the region. The fact that keeps us most amused is the very fact that even the authors have not bothered to study the reasons for the very sensitive issue of farmer suicides and have put forth a seemingly valid argument “it is argued that rural indebtedness was responsible for the high rate of suicides...” without any references or study of the situation. Strict legislation with regard to sale and purchase of agrochemicals however, remains a proven measure to bring down the poisoning fatalities and suicides in India.

Authors’ enthusiasm about the telepsychological treatment based on a news article is appreciable. It is most satisfying to find that the authors agree with our opinion that the root cause of psychological disorders among specific groups must be diagnosed and treated by qualified psychiatrists.

Conflict of Interest

The authors have no conflict of interest to declare.

Reference

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